



## Delaware Health Plan Submission Requirements Plan Year 2015

*Templates, Forms and Other Certifications Required for Plans Offered in the Delaware Marketplace and Outside Market*

	Form or Template	Description	<u>Marketplace Plan</u> <i>(including plans also offered outside the Marketplace)</i>		<u>Plans Offered Only Outside the Marketplace</u>
			Medical	Stand Alone Dental (Pediatric)	SADP (Non-EHB) *
General Requirements	Program Attestation Form	Federal Attestation Form; includes Justification Form form if required, such as if Required Issuer responds "No" to any attestation	Required	Required	Not Required
	Compliance Plan	Includes compliance plan and organizational chart evaluation questions and review criteria	Required	Required	Not Required
	Administrative	General Company and Contact information	Required	Required	Required
	Essential Community Providers	List of ECPs included in the provider network	Required	Required	Not Required
	List of School-Based Providers	List of School-based providers covered in-network	Required	Required (if applicable)	Not Required
	Actuarial Value Calculator	CMS Tool that validates A/V Requirements for medical plans (with the exception of unique benefit design plans)	Required	Not Required	Not Required
	Plan/Benefit Data	CMS Plan and benefit information template	Required	Required	Required
	Plan/Benefit Add In	CMS Plan and benefit add-in template	Required	Required	Required
	Service Area	CMS Plan service area template	Required	Required	Not Required
	Network	CMS Network template	Required	Required	Not Required
	Prescription Drug Formulary	CMS Formulary information template	Required	Not Required	Not Required
	Rate Data	CMS Rating Tables Template	Required	Required	Required
	Business Rules	CMS template for supporting business rules--defines rates and helps determine eligibility	Required	Required	Required
	Accreditation	CMS template to indicate NCQA, URAC or AAAHC accreditation status	Required	Not Required	Not Required
	Unified Rate Review Form	Rate Review Template developed by HHS	Required	Not Required	Not Required
	Part II Consumer Justification Narrative	Justification narrative for rate increases that exceed 10% threshold	If applicable	Not Required	Not Required
	Part III Actuarial Memorandum	Rate Filing documentation to support QHP rates and all rate increases	If applicable	Not Required	Not Required
	SADP Disclosure of Attribution and Allocation Methods	Stand Alone Dental Plan form to indicate attribution and allocation of methods <i>if</i> plan also includes adult coverage	Not Required	If applicable	Not Required
	SADP Actuarial Value Form	Stand Alone Dental Actuarial Value Justification Form	Not Required	Required	Required
	PPACA Uniform Compliance Summary	Summary of compliance with PPACA health insurance market reforms	Required	Required	Required

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Supplemental Justification Forms	Unique Actuarial Value Plan Justification Form	Form that is required if A/V calculator cannot be used due to unique plan design. Must be certified by an Actuary.	Required for unique plan design	Not Required	Not Required	
	EHB Benefit Substitution Form	Actuarial verification that benefit substitution is 'substantially equivalent' to base benchmark plan	Required for EHB substitution	Required for EHB substitution	Required for EHB substitution	
	Drug Formulary Inadequate Category / Class Count Supporting Documentation and Justification	Justification form required if formulary does not meet category / class count standards	If applicable	Not Required	Not Required	
	SHOP Tying Provision Form	Verification of compliance with SHOP Tying provision	Required for Individual Market	Required for Individual Market	Not Required	
	Essential Community Provider Supplemental Response Form	Required by some Issuers if ECP standards do not meet 'Safe Harbor' or Alternative ECP standards	If applicable	If applicable	Not Required	
	Limited Cost Sharing Plan Variation -- Estimated Advance Payment Supporting Documentation and Justification	Certifies that an Issuer has followed the CMS standards for developing limited cost sharing CSR advance payment estimates	Required	Not Required	Not Required	
	Discrimination -- Cost Sharing Outlier Justification	<a href="http://www.serff.com/documents/plan_management_data_instructions_ch13d.pdf">http://www.serff.com/documents/plan_management_data_instructions_ch13d.pdf</a>	If requested	If requested	Not Required	
	Marketing Language Justification	May be required if marketing language is identified as discriminatory	If requested	If requested	Not Required	
	Discrimination Drug Utilization Management Outlier Justification	May be required if drug utilization design is determined to be an outlier; Issuers may submit justification with filing if the plan is unique or it is anticipated to be identified as an outlier.	If requested	Not Required	Not Required	
	Meaningful Difference Justification	May be required if plans are not determined to be meaningfully different.	If requested	If requested	Not Required	
	Cost Sharing -- Supporting Documentation and Justification for Exceeding Annual Limitation on Small Group Deductibles	Certifies that plans meet the reasonableness exception for exceeding annual limitations on small group deductibles	If applicable	Not Required	Not Required	
	Cost Sharing -- Supporting Documentation and Justification for Exceeding Annual Limitation on Out of Pocket Expenses ("Nesting" Justification)	Justification for possible plan design where the drug and/or medical out of pocket maximums count towards each other but exceed total required maximum.	If applicable	Not Required	Not Required	
	Cost Sharing -- Supporting Documentation and Justification for Exceeding Annual Limitation on Small Group Out of Pocket Maximums	Small group plans are required to submit this justification plan if total MOOP is exceeded due to non-integrated plans	If applicable	If applicable	If applicable	

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Delaware-Specific Requirements	Delaware Issuer EHB Crosswalk and Certification Form	EHB Crosswalk and Certification form that provides the page number within the Form filing that illustrates compliance with all applicable Delaware EHBs, including the supplements for habilitative, pediatric oral and pediatric vision services,	Required	Required	Required
	Delaware Issuer MHPEA Checklist and Certification Form	MHPEA Checklist and Certification form that must be submitted with the Issuer's Form filing to support review of compliance with MHPEA requirements.	Required	Required	Not Required
	Delaware Marketplace QHP Attestation and Compliance Form for Medical Issuers	Delaware-specific Attestation Form for medical Issuers	Required	Not Required	Not Required
	Delaware Marketplace QHP Attestation and Compliance Form for SADP Issuers	Delaware-specific Attestation Form for Stand Alone Dental Plan Issuers	Not Required	Required	If applicable
	Continuity of Care Plan	Issuers must submit documentation that describes, in sufficient detail, how the Issuer and QHP will comply with Delaware Continuity of Care standards	Required	Required	Not Required
	Withdrawal Transition Plan	Issuers must submit a Withdrawal Transition Plan that describes how the plan will comply with Delaware code ( Individual Market--18 Del.C. §§3608(a)(3)a, and 3608(a)(4); Small Group Market--18 Del.C. §§7206 (a)(5),7206(a)(6) and 7206(b), )	Required	Required	Not Required
	Delaware QHP Network Access Plan (Cover Sheet, Plan and supporting documentation)	Access plan requirement to support DE QHP Network Adequacy and Access standards (for both accredited and non-accredited Issuers)	Required	Required	Not Required
	Quality Improvement Strategy Workgroup Member Designation	Issuer must submit name and contact information for Issuer representative and alternate who will participate in Delaware QHP Quality Improvement Strategy workgroup	Required	Required	Not Required

*\*Note that Stand Alone Dental plans intended to be utilized outside the Marketplace only for use to supplement medical plans such that the medical plans must comply with federal requirement of offering all 10 EHBs outside the Marketplace as required under the Public Health Services Act must follow the Marketplace certification filing process and must include all submissions required under the "FFM Plan" Requirements.*